IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

e application of:

Frederick M. Mako, Robert L. Bruce

Spplication No.: 10/773,516

Group No.: 1734

Filed: 02/05/2004

For: CERAMIC JOINING

Examiner: Melvin C. Mayes

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

X with sufficient postage as first class mail.

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Tracey L. Klaas

(type or print name of person certifying)

^{*} Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee:

\$510.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2) HIGHEST NO PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA		SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT					RATE			ADDIT. FEE		
TOTAL	3	_	20	=	0	х	\$	25.00	=	\$	0.00
INDEP.	1	_	3	=	0	х	\$	100.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	\$	0.00	=	\$	0.00
								TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$510.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

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